## PART B - FEE(S) TRANSMITTAL omplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450 JUN 0 6 2005 (703) 746-4000 or <u>Fax</u> USTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where a propriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless contested below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance and respondence address. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 MCNEES, WALLACE & NURICK LLC Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. 100 PINE STREET P.O. BOX 1166 HARRISBURG, PA 17108-1166 09827997 -06/07/2005 FFANAIA3 00000025 501059 Kimberly A. Newell (Depositor's name (Signature 1400.00 DA 01 FC:1501 June 2005 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 06/07/2005 FFANAIA3 00000026 501059 09/827,997 04/06/2001 David H. Cooper 19827997 TITLE OF INVENTION: DENTAL VIDEO IMAGING SYSTEM 15.00 DA Adjustment date: 06/07/2005 FFANAIA 09/02/2004 BSAYASI2 00000017 501059 FFANAIA3 01 FC:8001 09827997 1330\_00 CR FC-1501 APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$70 \$70 08/05/2005 **EXAMINER** ART UNIT CLASS-SUBCLASS LE, VU 2613 348-066000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Brian T. Sattizahn (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. McNees Wallace & Nurick (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is LLC Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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| 0108  |  | Application Number                               | ,           | 09/827,99  | 7  |  |
|---|--|--|-------------|--|--|--|
| TRANSMITTAL  JUN 0 6 2005 FORM  |  | Filing Date                                      |             | April 6, 2001  |  |  |
|   |  | First Named Inventor                             |             | COOPER, David H.   |  |  |
|   |  | Art Unit   |             | 2613   |  |  |
|   |  | Examiner Name                                    |             | LE, VU   |  |  |
| Total Number of Pages in This Submission 4  |  | Attorney Docket Number 22177-0003                |             | กร   |  |  |
|   |  |  |             | 22111-00   |  |  |
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| After Final   | Petition to Convert to a Provisional Application               |  |             | Proprietary Information  |  |  |
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| Reply to Missing Parts/ Incomplete Application  |  |  |             |  |  |  |
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| SIGI  | NATURE OF A  | APPLICANT, ATTOR                                 | NEY, O      | R AGENT  |  |  |
| Firm  | McNees Wallace & Nurick LLC                                    |  |             |  |  |  |
| Signature   | Bo Sattyal   |  |             |  |  |  |
| Printed Name  | Brian T. Sattizahn   |  |             |  |  |  |
| Date  | June 2, 200  | )5   | Reg.<br>No. | 46,401   |  |  |
|   | CERTIFICAT   | TE OF TRANSMISSI                                 | ON/MAIL     | LING   |  |  |
| I hereby certify that this corresponder<br>Service with sufficient postage as first<br>VA 22313-1450 on the date shown belo | class mail in an   | simile transmitted to the envelope addressed to: | e USPTO     | or deposite sioner for Pat   | ed with the United States Postal<br>ents, P.O. Box 1450, Alexandria, |  |
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Attorney Docket No.: 22177-0003 Application No.: 09/827,997

Filed: April 6, 2001

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